



ACCOMMODATION OF FOOD ALLERGY NEEDS IN SCHOOL NUTRITION PROGRAMS

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DESE Food and Nutrition Services

November 2018

Missouri Department
of Elementary and Secondary Education

Main Ideas:

- Accommodating Special Dietary Needs
- Proper Medical Statements
- Meal Modifications
- Real School Scenarios



Important Food Allergy Statistics:

- It is estimated that 1 in every 13 children under the age of 18 have a food allergy, with young children affected the most.
- Usually allergies to milk, egg, wheat, and soy developed in childhood dissipate, however, they appear to be resolving more slowly than in previous decades, with many children still allergic beyond 5 years of age.
- Allergies to peanuts, tree nuts, fish, or shellfish are generally lifelong allergies.
- The CDC reported that food allergies result in more than 300,000 ambulatory-care visits a year among children under the age of 18.





How to Accommodate Students with Food Allergies

How to Accommodate Students with Food Allergies

- Have policies and procedures in place
- Plan and serve modified meals for students
- Possibility of purchasing different foods
- Food Service staff, teachers, and aids need to be trained
- To be prepared for students with allergies, LEA must:
 - Be vigilant in policies & procedures
 - Have coordination between staff, parents, and physicians



Procedural Safeguards

- Ensure their Procedural Safeguards process provides for a prompt & equitable resolution of grievances.
- Designate at least one person (usually referred to as a “Section 504 Coordinator”) to coordinate compliance with disability requirements



Procedural Safeguards

- Section 504 refers to Section 504 of the Rehabilitation Act of 1973, as amended (Section 504) prohibits discrimination on the basis of a disability in programs and activities that receive Federal financial assistance, such as the Child Nutrition Programs.



Procedural Safeguards

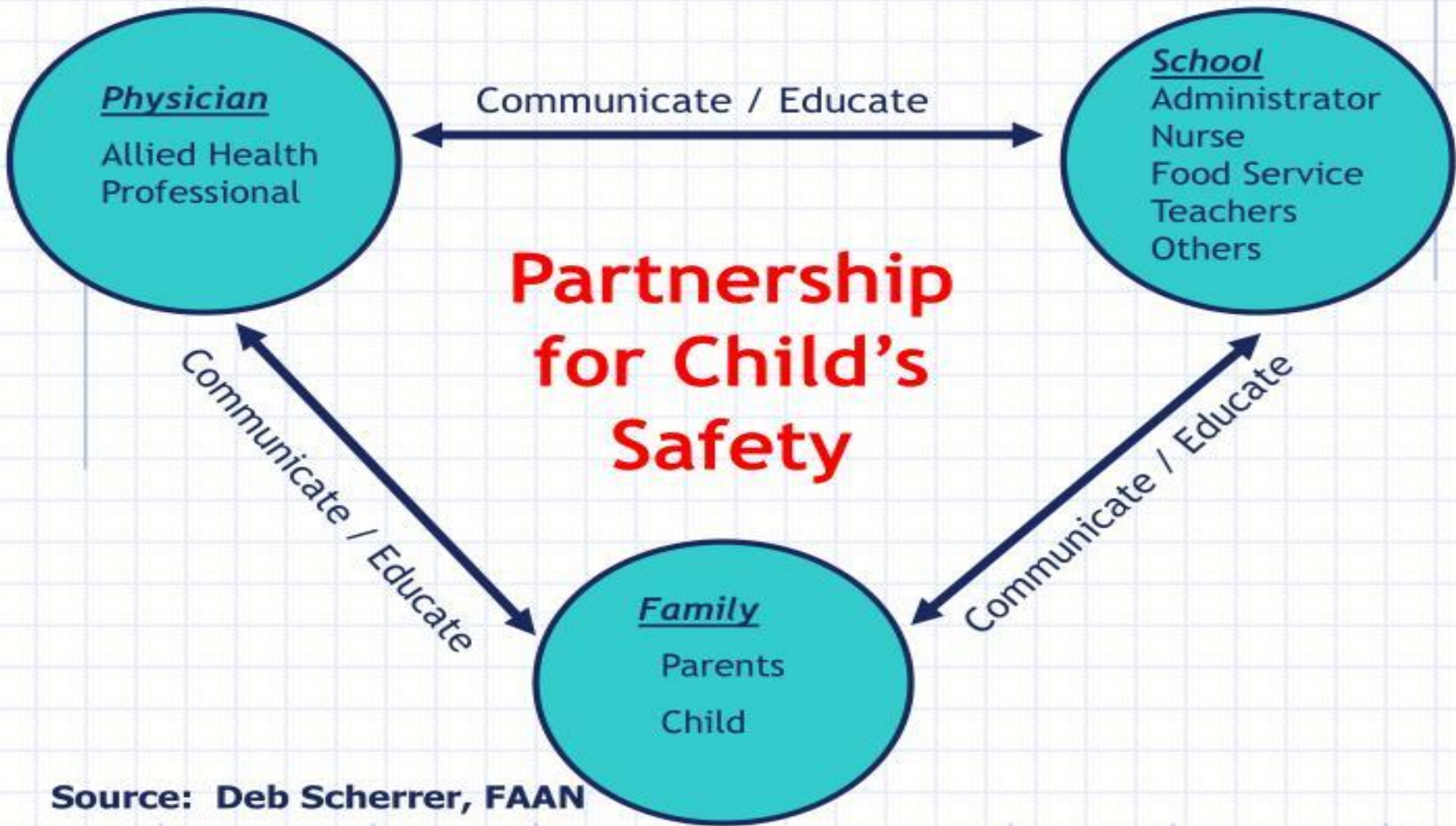
- Section 504 Coordinator:
 - Address general school-wide accommodations
 - Ensure compliance with disability requirements related to meal modifications
 - Ensure school food service professionals understand the procedures for handling meal accommodation requests



Procedural Safeguards

- LEAs are strongly encouraged to create a 504 Team including:
 - School Foodservice Staff
 - School Administrators
 - Health Professional
 - School Nurse
 - Parents/Guardians
 - Students
 - School Nutritionist
- Using a team approach ensures information is shared consistently throughout the school and will help to protect students in multiple environments and situations.





Source: Deb Scherrer, FAAN

It takes a village ...

□ Key Players

- School Nurse
- Administrators
- Teachers
- Foodservice Director



□ Others

- Foodservice Employees
- Janitors
- Bus Drivers
- Coaches
- Classroom Aids
- Students



School Nurses need to:

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- Be familiar with and have organized records of medical statements, 504 plans
- Work with Food Service Employees and Administrators to keep open communication with parents/guardians
- Help Food Service Employees with students who have special dietary needs with the School Breakfast Program (SBP) and National School Lunch Program (NSLP)



Administrators need to:

- Coordinate planning of school food policies & procedures.
- Provide professional development & training of food allergies for staff.
- Ensure the school district food allergy policies & procedures are being implemented by all staff.
- Communicate the schools responsibilities, expectations, and practices for managing food allergies to all parents.



Teachers need to:

- Know the school district's food allergy policies & practices.
- Participate in school-based training to help recognize the signs and symptoms of food allergies & how to respond.
- Prepare & respond to food allergy emergencies.
- Work with parents, school nurse, & other appropriate school personnel to determine if classroom modifications are needed.



School Foodservice Professionals need to:

- Assist LEA in planning for managing food allergies.
- Attend food allergies training.
- Communicate appropriate actions to all food service staff on how to avoid allergic reactions.
- Help prevent food allergy reactions in the cafeteria.
- Understand how to effectively read food labels to identify allergens in foods & beverages served in school meals & snacks.
- Prevent cross-contamination of potential food allergens during food preparation & service on utensils, equipment, and services.



Plan Menus Around Allergies

- Follow medical statement from the Physician (M.D. or D.O.), Physician's Assistant, Assistant Physician, or Nurse Practitioner for foods to avoid and substitute
- Substitute with foods already available when possible
- Develop a cycle menu with input from the student's parents/guardian and physician to save time and resources
- Food substitutes don't have to be exactly the same (pizza/pizza; sandwich/sandwich)



Read Labels!

- ❑ Formulations change frequently and without notice, so **read every label every time**
- ❑ Ingredients can differ among suppliers, brands, and between different sizes of the same product (foodservice vs grocery store)
- ❑ Don't rely on "safe lists"
- ❑ If the food label doesn't provide sufficient information, it is the LEA's responsibility to contact the supplier/manufacturer and if not provided, do not serve that item.



Reinforced Handwashing

- Before, during, and after food prep
- Use proper techniques
- Wash hands before and after glove use
- Use gloves when handling ready-to-eat foods & when changing between tasks
 - Especially important when handling allergens!



Organize Work Areas

- ❑ Designate an area in the kitchen where allergen-free meals can be prepared
- ❑ Keep this a “safe zone” that is free of allergens that must be avoided
- ❑ Establish procedures for food storage, preparation, and serving to prevent cross contact with allergens



Cafeteria Strategies

- ❑ Clean tables carefully
- ❑ Prevent food trading
- ❑ Encourage students to wash hands they have food on them
- ❑ Provide supervision to ensure orderly behavior, and respond to an allergic emergency
- ❑ Offer designated allergen friendly tables for young students (optional for students who have parental and physician authorization to sit at “regular” table)



Food Bullying and Allergies

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- The American Academy of Pediatrics found 1/3 of children with food allergies experience bullying

Strategies to Prevent Food Bullying in Schools

- Develop and communicate clear policies to address food bullying. Policies must be consistent with Federal, State, and local laws, and should regularly be shared with staff, families, and children.
- Provide adequate supervision, especially in areas where food is served.
- Encourage children and school personnel to report bullying. Provide clear instructions on how to respond to and report harassment.
- Respond to bullying quickly and consistently. Intervene immediately when possible, and notify parents and guardians when bullying occurs.
- Keep track of bullying behaviors. Monitoring where and when bullying occurs will help target bullying prevention and intervention efforts.
- Do not single out children with food allergies. For example, if children cannot bring certain food items into a classroom due to one child's allergy, the teacher should not use the child's name when outlining the classroom policy.



What is Considered a Disability?

- A person with a physical or mental impairment that substantially limits one or more major activities.
- A person who has a history of impairment.
- A person who is regarded as having such an impairment.



Definition of Disability

“Substantial Limits”

- Need not prevent or severely/significantly restrict a major life activity
- Individualized assessment
- May include an impairment that is episodic or in remission if it would substantially limit a major life activity when active.
 - Any physical reaction would be considered a disability.



Expanded Definition of Disability

□ Major Life Activities

- Seeing
- Hearing
- Walking
- Speaking
- Learning
- Reading
- Eating
- Breathing



□ Major Bodily Functions

- Digestion
- Immune System
- Respiratory
- Circulatory
- Neurological



Accommodating Disabilities

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- The medical statement is not required to state that the student has a disability.
- LEAs should not be engaged in weighing medical evidence against the legal standard to determine whether a particular physical or mental impairment is severe enough to qualify as a disability.





Medical Statements

Medical Statements

- LEAs must obtain a written medical statement from a Physician (M.D. or D.O.), Physician's Assistant, Assistant Physician, or Nurse Practitioner to receive reimbursement for meal modifications if the modified meal doesn't meet NSLP requirements.
- Medical Statements must include:
 - Info about the child's impairment
 - Brief explanation of how exposure to the food affects the child
 - How to accommodate the child
 - Foods to be omitted with recommended alternatives, if appropriate.
- Schools are required to give notice and information to parents/guardians regarding how to request a reasonable modification and the parents/guardian's procedural rights. 

Medical Statements

- In some circumstances, more info may be needed from a medical statement:
 - A student requires caloric modifications
 - A student needs a liquid formula to substitute a meal
- LEAs should not deny or delay a requested modification because the medical statement does not provide recommended alternatives. LEAs should be diligent in working with parents/guardians to obtain supplemental medical statements.



Updating/Discontinuing Medical Statements

- Schools aren't required to obtain updated medical statements on a regular basis.
- LEAs are not required to obtain written documentation from a state licensed healthcare professional rescinding the original medical order prior to ending a meal modification.
 - It is recommended that LEAs maintain documentation when ending a meal accommodation.



Accommodations without a Medical Statement

- LEAs may receive reimbursement for a meal modification request without a medical statement when the accommodation can be made **within the Program meal pattern.**
- Ex: If a student has a common allergy to one fruit or vegetable, the school food service can simply substitute another fruit or vegetable.
 - Use flexibilities when possible!
- Make note of the actions taken in acknowledging steps taken to accommodate students. This will help to safeguard students in all areas of the school environment.





Meal Modifications

Making Meal Modifications

- ❑ Schools must provide children with a safe meal and environment to consume the meal.
- ❑ Staff must ensure all meals & snacks that are provided meet the prescribed guidelines and are free of all ingredients and allergens that may cause a reaction.
- ❑ Schools must ensure proper storage, preparation, and cleaning techniques are used to prevent exposure to allergens through cross contact exposure.



Making Meal Modifications

- All students with disabilities must have the opportunity to select all required food component or items for the meal
- Offer vs Serve can NOT be used to accommodate a meal modification.
- Offer vs Serve:
NSLP: Students are required to take 3 of the 5 food components



Considerations When Making Meal Modifications

- Consider cost, resources, and age of child.
- “Stereotypes” regarding certain conditions or individuals cannot drive decisions- must base on facts.
- Meal accommodations don’t need to mirror meal substituted
 - Ex. A lactose intolerant student can have a sandwich instead of a cheese free pizza if there is pizza on the menu.
- “Lifestyle” choices (e.g. vegetarian) are not considered disabilities and do not need to be accommodated *unless* related to an underlying disability.



Considerations When Making Meal Modifications

- LEAs are required to provide students food portions in excess to the minimum quantity requirements only if specifically prescribed in the medical statement.
- LEAs are not required to provide specific brands requested, unless the brand name is medically necessary.
- LEAs are not required to provide meals to students with disabilities beyond the meals provided to other students.
 - Ex. If the LEA doesn't have a breakfast program, they are not required to initiate the program exclusively for students with disabilities



Reimbursement for Modified Meals

- Modified meals that do not meet program meal pattern requirements due to disability can be claimed for reimbursements IF the school has a medical statement that supports the meal modification.
- Schools will not receive additional reimbursement to cover costs sometimes associated with providing a reasonable modification.
- Schools may claim a modified meal while waiting for the child's medical statement.



Accommodations to the Meal Service

- Federal civil rights legislation requires that in providing nonacademic services, including meals, school districts must ensure students with disabilities participate with students without disabilities to the maximum extent appropriate.
- In some cases, it may be necessary to require students with certain special needs to sit at a separate table.
 - For example, a student with severe peanut allergies, or a student in need of special care or aide.



Non-Disability Situations

- Schools may make meal modifications for students who do not have disabilities
 - These modifications must be *consistent with meal pattern requirements*.
- LEAs are encouraged to provide a variety of foods for all students.
- Meal modifications to accommodate a food *preference* for religious, ethnic, moral, or other reasons may be reimbursed as long as meal pattern requirements are being followed.



Food Service Management Companies & Children with Disabilities

- LEAs must make modifications for students with disabilities regardless of whether the LEA operates the foodservice or contracts with a Foodservice Management Company (FSMC).



Fluid Milk Substitution



- The only milk substitutions allowed under the rule for students *without* disabilities are nondairy beverages that are nutritionally equivalent to fluid milk and provide specific levels of nutrients as listed:

Nutrient	Per Cup
Calcium	276 mg.
Protein	8 g.
Vitamin A	500 IU.
Vitamin D	100 IU.
Magnesium	24 mg.
Phosphorus	222 mg.
Potassium	349 mg.
Riboflavin	0.44 mg.
Vitamin B-12	1.1 mcg.

- Acceptable brands that meet this criteria include: Pacific natural, Kikkoman Pearl, 8th Continent and Edensoy.



DESE – Food and Nutrition Services

- Food Allergy Information:
 - <https://dese.mo.gov/financial-admin-services/food-nutrition-services/food-allergy-information-0>



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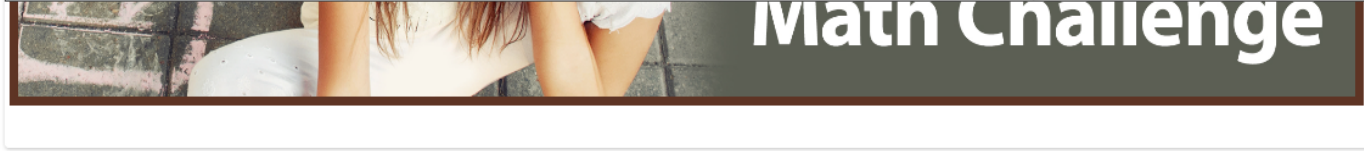


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News

- 2018 Breaking Traditions Honorees Announced
- Missouri Announces 2018 Gold Star Schools
- 90th Missouri FFA Convention Coming to Columbia April 19-20

Topics Services Data Department

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The Food and Nutrition Services Section administers the USDA Food Distribution Program and the following USDA Child Nutrition Programs: National School Lunch Program (NSLP), School Breakfast Program, Special Milk Program, and the Fresh Fruit and Vegetable Program. Under the NSLP, the After School Snack Program and Seamless Summer Option are also available. The programs are operated in public, non-public, and residential child care institutions. The goal of the Food and Nutrition Services Section is to providing safe food and technical assistance to ensure well balanced nutritious meals are served to the students of Missouri.

Food and Nutrition Services Contact Information

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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Food Allergy Information

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Section 167.208, RSMo, requires each school district to adopt a policy on allergy prevention and response with priority given to addressing potentially deadly food-borne allergies; the policy and procedure must be in place by July 1, 2011. Pursuant to 167.208, the Department of Elementary and Secondary Education, in collaboration with the Missouri School Boards Association (MSBA) and the Department of Health and Senior Services (DHSS), developed a model policy intended for use by any public school/school district regardless of its size or location. A school board may choose to adopt this model exclusively, use it in conjunction with other allergy prevention and response policies and procedures, or develop its own policy and procedure. Even though this particular policy was crafted in MSBA format, it may be used and adapted by any school board regardless of whether the district or school is an MSBA member.

- [Accommodating Children with Disabilities in School Meal Programs Handbook PDF Document](#)  - SP-40-2017
- [Accommodating Disabilities in the School Meal Programs: Guidance and Questions and Answers \(Q&As\)](#)  - SP-26-2017
- [Allergy Prevention and Response Policy](#) 
- [Allergy Prevention and Response Procedures](#) 
- [Final Rule: Fluid Milk Substitutions in the School Nutrition Programs](#) 
- [Food Allergy Prevention and Response Guidelines \(Missouri Department of Health and Senior Services\)](#) 
- [Managing Food Allergies in School – Video provided by NFSMI](#)
- [Modifications to Accommodate Disabilities in the School Meal Programs](#)  - SP-59-2016
- [Medical Statement for Student Requiring Meal Modification](#) 
- [Overview: Fluid Milk Substitution Rule](#) 
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- [Milk Substitutions for Children with Medical or Special Dietary Needs](#)  - SP-02-2016
- [Safe at School and Ready to Learn: A Comprehensive Guide for Protecting Students with Life Threatening](#)

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School Food Service Scenarios

Scenario 1

Question:

A child with autism is very sensitive to food textures, and will only eat foods with a smooth texture. Is the child's condition considered a disability, and if so, must the school food service make a modification for the child?



Scenario 1

Answer:

Yes. According to the ADA, any physical or mental impairment impacting the “major life activity” of eating is considered a disability. Some children with autism have sensory sensitivities and prefer food of a certain texture or color. They may require the same foods every day and need to maintain a regular routine. If a child’s autism impacts their ability to consume Program meals, the LEA must provide a reasonable modification.



Scenario 2

Question:

A school foodservice professional assumes a child's condition is not a disability because it is not listed under "categories of disease and conditions" in the ADA Amendments Act. Is this assumption correct?



Scenario 2

Answer:

No. This assumption is not correct. As noted in the law, the “categories of diseases and conditions” are not meant to be all inclusive. Therefore, more conditions will meet the definition of disability than are listed in the ADA. Each situation must be considered on a case-by-case basis.



Scenario 3

Question:

A parent or guardian requests a modification to accommodate their child's Celiac disease. The food service director has a family member with Celiac, and feels the modification request should be changed to match their own family member's approach to managing Celiac disease. Is this allowed?



Scenario 3

Answer:

No. Assumptions or stereotypes regarding certain conditions or individuals should never drive modification decisions. Each situation must be assessed individually, and modifications must be made on a case-by-case basis.



Scenario 4

Question:

A child required a modification outside the Program meal pattern for her food allergy in the previous school year. Must the LEA obtain an updated medical statement at the start of the next school year?



Scenario 4

Answer:

It is not required that the LEA obtain updated medical statements on a regular basis. Once the medical statement is accepted, LEA will continue to receive reimbursement as long as the medical statement is on file. However, LEAs are responsible for ensuring that medical statements on file reflect the current dietary needs of participating students and may require updates as necessary to meet their responsibilities. LEAs should carefully consider the burden of obtaining additional medical statements could create for parents/guardians when establishing such requirements.



Scenario 5

Question:

A child who previously required a medical modification outside the program meal pattern no longer requires modified meals. Must the LEA obtain an amended medical statement prior to ending the child's meal modification?



Scenario 5

Answer:

The LEA is not required to obtain written documentation from a State licensed healthcare professional rescinding the original medical order prior to ending a meal modification. It is recommended, however, that the LEAs maintain documentation when ending a meal modification.



Scenario 6

Question:

A child with a disability consumes their lunch at home every day. May the LEA receive reimbursement for meals served to this child?



Scenario 6

Answer:

No. LEAs cannot receive reimbursement for meals provided to students at home. The National School Lunch Program (NSLP) and the School Breakfast Program (SBP) meals are intended to be served and consumed on school premises (except for events such as school-sponsored fieldtrips). Providing NSLP meals outside of school on a regular basis would fundamentally alter the nature of the program.



Scenario 7

Question:

A student has a religious preference and does not eat pork. The school is serving a BBQ pulled pork sandwich and does not provide other entrée options for that day. Does the school need to provide an alternate meal without a medical statement?



Scenario 7

Answer:

Schools may make modifications for students with preferences rather than disabilities. In the event a substitution is provided it must be within the meal pattern. For example, instead of the BBQ pork sandwich, the student may be served a turkey and cheese sandwich.



Scenario 8

Question:

A large number of elementary school students have a peanut allergy. Should the school go peanut-free?



Scenario 8

Answer:

Universal exclusion of specific foods is not part of the policy, but it could be appropriate depending on local circumstances. However, if a school chooses to enact a universal ban, the specific allergen must never be present in the school, as the family will assume the school is a safe place for their child based on the stated ban.



Scenario 9

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Question

A student has a preference for non dairy milk and does not have a medical statement. Must the LEA provide an alternative?



Scenario 9

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Answer:

The school may provide an alternative without a medical statement as long as it is in compliance with fluid milk substitutes.



Questions? Contact Us!

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